

REGISTRATION FORM

PERSONAL DETAILS:

Title* Miss Mrs. Ms. Mr.

First name*

Family name*

Date of birth* dd mm yyyy Place of birth*

Address*

Postal code* City*

Province* Country*

Phone* Fax

Mobile phone E-mail*

ORGANISATION DETAILS:

You work/study for

Address Phone

PAYMENT DETAILS

Place of origin* Western Europe Central & Eastern Europe

EAA membership for 2009* Member (already paid) Non-member (not paid yet)

Fee* regular student retired exempted**

** principle session organisers, conference organisers, members of the National Advisory Panel. Please specify your position:

Annual Dinner at the cost of Euros 55 yes no Number of person/s

(not included in the registration fee)

Name of accompanying person/s

1.

2.

3.

Please tell us if you have any particular food need (intolerances, allergies, vegetarian)

Every participant will be given a receipt headed to themselves with their personal data.

Should you need an invoice, please fill the fiscal data:

Invoice header

Full invoice address (with postal code, city, country)

VAT number Identification number

SIGNATURE _____

*compulsory field

Sending the registration form you authorise formally the automatic processing of your data, with reference to the Act 675/1996 regarding Privacy (Data Protection Act)